Candidate Intention Statement

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OFFICE OF
THE CITY CLERK
CITY OF NEWPORT BEACH

CALIFORNIA FORM 501

For Official Use Only

Check One: ☒ Initial ☐ Amendment (Explain) _____

_____

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Scott Peotter

DAYTIME TELEPHONE NUMBER
(949)250-7118

FAX NUMBER (optional)
(949)250-7116

E-MAIL (optional)
scott@peotter.com

STREET ADDRESS
435A Goldenrod

CITY
Newport Beach

STATE
CA

ZIP CODE
92625

OFFICE SOUGHT (POSITION TITLE)
City Council

AGENCY NAME
City of Newport Beach

DISTRICT NUMBER, if applicable.
6

☒ NON-PARTISAN

PARTY:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City   ☐ County   ☐ Multi-County: _____
(Name of Multi-County Jurisdiction)

2014
(Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)

_____ **Primary/general election**
(Year of Election)

_____ **Special/runoff election**
(Year of Election)

(Check one box)

☐ I **accept** the voluntary expenditure ceiling for the election stated above.

☐ I **do not accept** the voluntary expenditure ceiling for the election stated above.

Amendment:

○ I did not exceed the expenditure ceiling in the primary or special election held on: ___/___/___ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

☐ On ___/___/___, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on _2.21.14_,
(month, day, year)

Signature _

Digitally signed by Scott Peotter
DN: cn=Scott Peotter, o, ou,
email=scott@Peotter.com, c=US
Date:2014.02.21 12:41:16 -08'00'

FPPC Form 501 (April/2011)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)